2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90032 043 ***150.00

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1. Entity Name

AXS-ONE, INC.

Principal Place of Business	Mailing Address
301 RT 17 N. RUTHERFORD NJ 07070	301 RT 17 N. RUTHERFORD NJ 07070

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/04)

4. FEI Number 13-2966911 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. ~~526 E. PARK AVE.~~ 2731 Executive Park Drive ~~TALLAHASSEE FL 32301~~ Suite 4 Weston, FL 33331	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☒ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	RADE, JOHN A	NAME	William P Lyons
STREET ADDRESS	301 RT 17 N.	STREET ADDRESS	301 Route 17 North
CITY-ST-ZIP	RUTHERFORD NJ 07070	CITY-ST-ZIP	Rutherford, NJ 07070
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TYPALDOS, ELIAS	NAME	
STREET ADDRESS	301 RT 17 N.	STREET ADDRESS	
CITY-ST-ZIP	RUTHERFORD NJ 07070	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VENDOME, GENNARO	NAME	
STREET ADDRESS	301 RT 17 N.	STREET ADDRESS	
CITY-ST-ZIP	RUTHERFORD NJ 07070	CITY-ST-ZIP	
TITLE	VCFO ☒ Delete	TITLE	VCFO ☒ Change ☐ Addition
NAME	LEVERING, WILLIAM III	NAME	Joe Dwyer
STREET ADDRESS	301 ROUTE 17 NORTH	STREET ADDRESS	301 Route 17 North
CITY-ST-ZIP	RUTHERFORD NJ 07070	CITY-ST-ZIP	Rutherford, NJ 07070
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ CFO 2/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #